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## \*BIBDATASHEET\*

CONFIRMATION NO. 3313

Bib Data Sheet

|   |   |                               |   |                                       |
|---|---|-------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/797,470  | <b>FILING OR 371(c) DATE</b><br>03/10/2004<br><b>RULE</b>   | <b>CLASS</b><br>600           | <b>GROUP ART UNIT</b><br>3735   | <b>ATTORNEY DOCKET NO.</b><br>AMS-175 |
| <b>APPLICANTS</b><br>Randy L. Morningstar, Brooklyn Park, MN;   |   |                               |   |                                       |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/453,684 03/10/2003<br>and claims benefit of 60/508,123 10/02/2003  |   |                               |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/26/2004</b>  |   |                               |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>22             |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>2        |
| <b>ADDRESS</b><br>40636   |   |                               |   |                                       |
| <b>TITLE</b><br>IMPLANTABLE PENILE PROSTHESIS PUMP  |   |                               |   |                                       |
| <b>FILING FEE RECEIVED</b><br>936   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |